



INTAKE ASSESSMENT

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|---|-------------------------|--|
| Date of Call/Request for GFE: _____ | Date GFE Sent: _____ | Date & Time of Scheduled Service: ____/____/____ Time: _____ <input type="checkbox"/> Service is not yet scheduled |
| Client's Contact Preference: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Portal <input type="checkbox"/> Refused | | |
| Client Name: | | Date of Birth: |
| Responsible Party (if not the client): | | |
| Address: | | |
| Email: | | Phone: |
| Initial Service Requested/Scheduled with CPT Code: 90791 Bio-Psychosocial Intake Assessment The Intake, Bio-Psychosocial Assessment, & Treatment Planning Service(s) may require one to four sessions. A diagnosis will be determined pending full evaluation. The evaluation and treatment planning are expected to result in a recommended plan for ongoing treatment, such as weekly sessions; in such instance, a new Good Faith Estimate for ongoing therapy will be provided according to the fee schedule. | | |
| Possible Additional Services Requested/Scheduled with CPT Codes: <input type="checkbox"/> 90837 Individual Psychotherapy, 53-89 mins <input type="checkbox"/> 90847 Family Psychotherapy, 53-89 mins <input type="checkbox"/> 90834 Individual Psychotherapy, 38-52 mins <input type="checkbox"/> 90846 Family w/o the patient, 53-89 mins <input type="checkbox"/> 90832 Individual Psychotherapy, 16-37 mins <input type="checkbox"/> 90853 DBT Skills Training, 90-120min | | |
| Diagnosis Code: Z03.89 - No Diagnosis | | |
| Estimated Total Cost: <input type="checkbox"/> <u>PhD Licensed:</u> 1 Session of 55 minutes at \$190 and 3 Sessions of 55 minutes at \$175 dollars for a total of \$715. <input type="checkbox"/> <u>MS Licensed:</u> 1 Session of 55 minutes at \$175 and 3 Sessions of 55 minutes at \$150 dollars for a total of \$625. <input type="checkbox"/> <u>Registered MS Intern:</u> 1 Session of 55 minutes at \$130 and 3 Sessions of 55 minutes at \$125 for a total of \$505. | | |

Please sign below acknowledging receipt of GFE. A copy of this form will be in your file and available upon request.

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| Client/Legal Guardian Signature: | Date: |
| Printed Name: | |
| Staff Signature: | Date: |
| Printed Name: | |